



Image

1642

Docket No.: PF-0527-2 DIV

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 29, 2003.

By: [Signature] Printed: Lisa McDill

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Lal et al.

Title: PROSTATE GROWTH-ASSOCIATED MEMBRANE PROTEINS

Serial No.: 09/963,896

Filing Date: September 26, 2001

Examiner: Harris, A.M.

Group Art Unit: 1642

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL FEE SHEET**

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Limited Recognition (1 pg.);
3. Response to Restriction Requirement (10 pp.);
4. Supplemental Information Disclosure Statement (2 pp.);
5. Supplemental List of References cited, PTO-1449 (1 pg.);
6. Six (6) References (1 - 6);
7. Certificate of Revocation of Power of Attorney (2 pp.); and
8. Associate Power of Attorney (1 pg.).

The fee has been calculated as shown below.

| Claims   | Claims After<br>Amendment | - | Claims<br>Previously<br>Paid For | = | Present Extra | Other Than<br>Small Entity<br>Rate | Fee | Additional Fee(s) |
|--|---------------------------|---|----------------------------------|---|---------------|------------------------------------|-----|-------------------|
| Total  | 20                        | - | 20                               | = | 0             | x\$18.00                           | 0   | \$ 0              |
| Indept.  | 3                         | - | 3                                | = | 0             | x\$86.00                           | 0   | \$ 0              |
| First Presentation of Multiple Dependent Claims: |                           |   |                                  |   |               | +290.00                            | 0   | \$ 0              |
| Total Fee:                                       |                           |   |                                  |   |               |                                    |     | \$ 0              |

☒ No additional Fee is required.

☐ Please charge Deposit Account No. 09-0108 in the amount of: \$ 0

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE CORPORATION

Date: October 29, 2003

[Signature]  
Terence P. Lo  
Limited Recognition (37 C.F.R. 10.9 (b)) attached  
Direct Dial Telephone: (650) 621-8581

Customer No.: 27904  
3160 Porter Drive  
Palo Alto, California 94304  
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